

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10564635

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		4		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		0	1				65						
16		0		1			66						
17		0		1			67						
18		0					68						
19		0					69						
20	1						70						
21							71						
22							72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓	2	↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	15	←		←		TOTAL DEP.	←		←		←	
TOTAL CLAIMS		17					TOTAL CLAIMS						

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